

**PERSONNEL CABINET
GROUP LIFE ADMINISTRATION
SUMMARY OF COVERAGE REQUEST**

NAME: _____

SS#: _____

**HOME
ADDRESS:** _____

MAIL OR FAX REQUEST TO:

**PERSONNEL CABINET
GROUP LIFE INSURANCE ADMINISTRATION
501 HIGH STREET, STATE OFFICE BUILDING, 3RD FLOOR
FRANKFORT, KY 40601**

(502) 564-4774

(800) 267-8352

FAX: (502) 564-4034